

## **MAXILLO MANDIBULAR OSTEODISTRACTION PRACTICE GUIDELINE**

### **Patient Selection Criteria:**

Patients with severe maxillary or mandibular deformity for which no other osteotomy technique is appropriate and who have at least one of the following:

1. Respiratory problems to the extent of producing clinically significant dynamic or static airway obstruction.
2. Serious verbal communication disturbance as determined by a speech therapist. The report must indicate that the deformity is the primary etiology for the speech impairment and that speech therapy alone cannot further improve speech.
3. Mastication abnormality affecting the nutritional status of the individual resulting in growth abnormalities.

### **Protocol:**

Patients who meet selection criteria for maxillo-mandibular osteodistracton shall be scheduled for consultation with the interdisciplinary craniofacial team at the CRS site where the procedure is to be performed.

Pre-procedure status is to be documented by chart photographs, 3D CTscan and/or 1 CAT and when appropriate, speech tape.

All patients undergoing distraction need pre-operative orthodontic treatment for appropriate alignment of dentition.

#### Out of Region Patients:

Prior to scheduling the procedure, the procedure site interdisciplinary team shall consult with the home site team to ensure home site CRS clinic involvement and follow up. If there are no obvious contraindications to proceedings with osteodistracton related to intersite management, all information from the procedure site team shall be forwarded to the Medical Director of the home site for approval. Following home site approval, the patient shall be scheduled for the procedure in a timely manner.

The purpose of the interdisciplinary evaluation at procedure and home sites shall be an attempt to clearly establish that the patient and family are capable of accepting and following through with the extensive post operative care, procedure modifications, and therapy.

### **Interdisciplinary Team Membership:**

The team shall include:

- craniofacial surgeon,
- oral surgeon,
- orthodontist,
- pediatrician,
- psychologist,
- speech pathologist,
- social worker, and
- nutritionist.

**Outcome Evaluation:**

It shall be the responsibility of the craniofacial surgeon managing the osteodistracton procedure to provide periodic outcome progress reports at intervals determined by the craniofacial team, but at a minimum of 6, 12, 24 and 48 months post procedure. Reports must include documentation of:

- Any change in airway status,
- Any change in speech status,
- Any change in mastication status, and
- Photographs of facial reconstruction.